POSITION INITIALS ID NO. DATE **FEE DETERMINATION** O.I.P.E. CLASSIFIER **FORMALITY REVIEW** On RESPONSE FORMALITY REVIEW BEST AVAILABLE COP **INDEX OF CLAIMS** ... Non-electedInterference (Through numeral)... Canceled Appeal Restricted Objected Claim Date Date Claim Original 101 102 103 106 106 109 123 125 84 85 135 136 137 138 139 140 141 92 142 93 143 144 94 95 145 96 146

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If more than 150 claims or 10 actions staple additional sheet here

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